



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 114135		2. Name of Corporation T & C Woodworking, Inc.	
3. Street Address Principal Business Office 60 MINERAL SPRING AVENUE		City PAWTUCKET	State RI
4. Business Phone No 401 728 9663		5. State of Incorporation RHODE ISLAND	Zip 02860-
			6. SIC Code 0414
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM ALL TYPES OF CARPENTRY WORK			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name FERDINANDO G. MONIZ		Vice President Name FERDINANDO G. MONIZ	
Street Address 9 WOODSIDE AVENUE		Street Address 9 WOODSIDE AVE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Secretary Name FERDINANDO G. MONIZ		Treasurer Name FERDINANDO G. MONIZ	
Street Address 9 WOODSIDE AVE		Street Address 9 WOODSIDE AVE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name FERDINANDO G. MONIZ		Director Name	
Street Address 9 WOODSIDE AVENUE		Street Address	
City CUMBERLAND	State RI	City	State
Zip 02864		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100		NO PAR	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 4 1 3 5

114135 DBC 02/02/05 12:01:16 PM

File Date 2-23-05

Check No 5210

By [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ferdinando G. Moniz 2-5-05
Signature of Officer Date
Ferdinando G. Moniz
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 114135 2 Name of Corporation T & C WOODWORKING, INC.
3 Street Address Principal Business Office 60 MINERAL SPRING AVENUE City PAWTUCKET State RI Zip 02860
4 Business Phone No (401) 728-9663 5 State of Incorporation RHODE ISLAND 6 SIC Code 0414
7 Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM ALL TYPES OF CARPENTRY WORK

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name FERDINANDO G. MONIZ Vice President Name FERDINANDO G. MONIZ
Street Address 9 WOODSIDE AVENUE Street Address 9 WOODSIDE AVENUE
City CUMBERLAND State RI Zip 02864 City CUMBERLAND State RI Zip 02864
Secretary Name FERDINANDO G. MONIZ Treasurer Name FERDINANDO G. MONIZ
Street Address 9 WOODSIDE AVENUE Street Address 9 WOODSIDE AVENUE
City CUMBERLAND State RI Zip 02864 City CUMBERLAND State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name FERDINANDO G. MONIZ Director Name
Street Address 9 WOODSIDE AVENUE Street Address
City CUMBERLAND State RI Zip 02864 City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 4 1 3 5

File Date 2/17/04
Check No 41380
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer FERDINANDO G. MONIZ Date 2/9/04
Printed Name of Officer FERDINANDO G. MONIZ
Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114135		2. Name of Corporation T & C WOODWORKING			
3. Street Address Principal Business Office 60 MINERAL SPRING AVENUE		City PAWTUCKET	State R. I.	Zip 02860	
4. Business Phone No. (401) 728-9663		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM ALL TYPES OF CARPENTRY WORK					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name FERDINANDO G. MONIZ		Vice President Name FERDINANDO G. MONIZ			
Street Address 9 WOODSIDE AVENUE		Street Address 9 WOODSIDE AVENUE			
City CUMBERLAND	State R. I.	Zip 02864	City EAST PROVIDENCE	State R. I.	Zip 02864
Secretary Name FERDINANDO G. MONIZ		Treasurer Name FERDINANDO G. MONIZ			
Street Address 9 WOODSIDE AVENUE		Street Address 9 WOODSIDE AVENUE			
City CUMBERLAND	State R. I.	Zip 02864	City CUMBERLAND	State R. I.	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name FERDINANDO G. MONIZ		Director Name FERDINANDO G. MONIZ			
Street Address 9 WOODSIDE AVENUE		Street Address 9 WOODSIDE AVENUE			
City CUMBERLAND	State R. I.	Zip 02914	City CUMBERLAND	State R. I.	Zip 02864
Director Name FERDINANDO G. MONIZ		Director Name FERDINANDO G. MONIZ			
Street Address 9 WOODSIDE AVENUE		Street Address 9 WOODSIDE AVENUE			
City CUMBERLAND	State R. I.	Zip 02864	City CUMBERLAND	State R. I.	Zip 02864
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	2/7/03
Check No.	2343
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Date 1/31/03
FERDINANDO G. MONIZ
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114135 2. Name of Corporation T & C Woodworking, Inc.

3. Street Address Principal Business Office

560 MINERAL SPRING AVENUE

4. Business Phone No.

(401) 728-9663

5. State of Incorporation

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

TO PERFORM ALL TYPES OF CARPENTRY WORK

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

02864

Secretary Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

02864

City

State

Zip

PAWTUCKET

R.I.

02860

6. SIC Code

Vice President Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

CUMBERLAND

02864

Treasurer Name

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

02864

Director Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

02864

Director Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

CUMBERLAND

02864

Director Name

FERDINANDO G. MONIZ

Street Address

9 WOODSIDE AVENUE

City

State

R.I.

Zip

CUMBERLAND

02864

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

NO PAR



* 1 1 4 1 3 5 *

File Date: 3.4.02

Check No.: 1035

By: 2

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ferdinando G. Moniz President 3/4/02
Signature of Officer Date

Ferdinando G. Moniz
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114135** 2. Name of Corporation **T & C Woodworking, Inc.**

3. Street Address Principal Business Office **560 Mineral Spring Avenue** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **(401) 265-6846** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To perform all types of carpentry work

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Ferdinando G. Moniz

Street Address

560 Mineral Spring Avenue

City **Pawtucket** State **RI** Zip **02860**

Secretary Name

Ferdinando G. Moniz

Street Address

560 Mineral Spring Avenue

City **Pawtucket** State **RI** Zip **02860**

Vice President Name

Street Address

City State Zip

Treasurer Name

Ferdinando G. Moniz

Street Address

560 Mineral Spring Avenue

City **Pawtucket** State **RI** Zip **02860**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 4 1 3 5 *

File Date: 2/2

Check No.: 321

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ferdinando G. Moniz 1/24/01
Signature of Officer Date

Ferdinando G. Moniz

Print or Type Name of Officer

President

Title of Officer